

# Team Nutrition Survey



Thank you for participating in the Missouri Team Nutrition Survey. Your responses will assist the Department of Health and Senior Services develop strategies for creating healthier school nutrition environments.

Results of the 2004/2005 baseline Team Nutrition survey are available at [www.dhss.mo.gov/team\\_nutrition](http://www.dhss.mo.gov/team_nutrition).

Return survey no later than  
**May 30, 2005 to:**

Rita Arni, RD, LD  
By e-mail: [arnir@dhss.mo.gov](mailto:arnir@dhss.mo.gov)  
By fax: 573-522-3244  
By mail: WIC and Nutrition Services  
PO Box 570  
Jefferson City MO 65102-0570

Questions regarding the survey may be directed to:  
Rita Arni, Child Nutrition Program Manager at  
573-751-6204.

## Please tell us about yourself:

Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
School District: \_\_\_\_\_  
School Name: \_\_\_\_\_  
City: \_\_\_\_\_

☐ Public School ☐ Non-Public School

Grades represented in this school:

☐ K ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6  
☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

A school employee including but not limited to foodservice director, administrator, school nurse or teacher may complete one survey per school. Mark all that apply.

Are you a/an

☐ Administrator? ☐ Food service staff?  
☐ Nurse? ☐ Counselor?  
☐ Teacher? ☐ Other?

## Nutrition and Physical Education at your school:

Does your school have a required nutrition course for students? If unsure, check with your school administrator.

☐ Yes ☐ No

Are nutrition education topics integrated into math, science, social studies, health etc?

☐ Yes ☐ No ☐ Don't know

How often do your students participate in physical education?

Grade	Every day	3+ times/wk	1-2 times/wk	less than 1 time/wk	not required	Other (write in times/wk)
K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1 <sup>st</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2 <sup>nd</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3 <sup>rd</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4 <sup>th</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5 <sup>th</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6 <sup>th</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7 <sup>th</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8 <sup>th</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9 <sup>th</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10 <sup>th</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11 <sup>th</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12 <sup>th</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Does your school offer studies in any of the following?

☐ Culinary Arts ☐ Food Science  
☐ Nutrition ☐ Food Preparation  
☐ Restaurant Management  
☐ Family and Consumer Sciences  
☐ Other ☐ None

## Food and Beverage Vending at your school:

Does your school have vending machines?

☐ Yes ☐ No

If yes, how many? \_\_\_\_\_

When are vending machines available to the students?

☐ All hours  
☐ All hours except lunch  
☐ Not available  
☐ Before/After school only  
☐ Other combination of hours



## Food and Beverage Vending at your school (Cont'd):

Does this school offer brand-name fast food (e.g., Subway, Taco Bell, Pizza Hut, Papa John's) for lunch choices? If unsure, check with your school administrator or foodservice director.

☐ Yes ☐ No

Can students purchase milk from vending machines or at the school store, canteen, or snack bar? If unsure, check with your school administrator or foodservice director.

☐ Yes ☐ No

Please mark the following items available in vending machines located at this school. If unsure, check with your school administrator or school nurse.

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> 100% Fruit Juice             | <input type="checkbox"/> Water      |
| <input type="checkbox"/> Milk                         | <input type="checkbox"/> Soda       |
| <input type="checkbox"/> Sport Drinks                 | <input type="checkbox"/> Yogurt     |
| <input type="checkbox"/> Chips                        | <input type="checkbox"/> Crackers   |
| <input type="checkbox"/> Candy                        | <input type="checkbox"/> Nuts/seeds |
| <input type="checkbox"/> Fresh Fruit or Vegetables    |                                     |
| <input type="checkbox"/> Cookies/Snack Cakes/Pastries |                                     |
| <input type="checkbox"/> Sandwiches                   |                                     |
| <input type="checkbox"/> Other _____                  |                                     |

## School Nutrition Policies:

Does your school collect yearly height and weight measurements on students? If unsure, check with your school nurse.

☐ Yes ☐ No

If yes, mark all grades that apply

- |                            |                            |                            |                             |                             |                             |                            |
|----------------------------|----------------------------|----------------------------|-----------------------------|-----------------------------|-----------------------------|----------------------------|
| <input type="checkbox"/> K | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3  | <input type="checkbox"/> 4  | <input type="checkbox"/> 5  | <input type="checkbox"/> 6 |
| <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 | <input type="checkbox"/> 11 | <input type="checkbox"/> 12 |                            |

What types of children are provided follow-up from measuring height and weight? If unsure, check with your school nurse.

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Underweight | <input type="checkbox"/> At-risk for overweight |
| <input type="checkbox"/> Overweight  | <input type="checkbox"/> None                   |
| <input type="checkbox"/> Other       | <input type="checkbox"/> Don't know             |

Mark the following items that this school has policies regarding. If unsure, check with your school administrator.

- |   |
|---|
| <input type="checkbox"/> Vending machines                       |
| <input type="checkbox"/> Food as a reward or punishment         |
| <input type="checkbox"/> Types of food sold at school store     |
| <input type="checkbox"/> Food for class parties                 |
| <input type="checkbox"/> Food served or sold at athletic events |
| <input type="checkbox"/> Fund-raisers                           |
| <input type="checkbox"/> Other                                  |

Does this school district have an exclusive beverage contract? This is a contract that gives a company rights to sell soft drinks at the school. If unsure, check with your school administrator.

☐ Yes ☐ No ☐ Don't know

## The Nutrition Environment at your school:

Are food items or food coupons used as rewards for good behavior or academic performance? If unsure, check with your school administrator.

☐ Yes ☐ No

Do you have an "open campus" for lunch, where students are able to leave school premises during their lunch period? If unsure, check with your school foodservice director.

☐ Yes ☐ No

Does your school offer a la carte items (foods not part of the National School Lunch Program) for sale during meals? If unsure, check with your school foodservice director.

☐ Yes ☐ No

Are food and beverage advertisements allowed in this school? If unsure, check with your school administrator.

☐ Yes ☐ No

Does this school encourage student feedback on food items offered through surveys or comment cards? If unsure, check with your school foodservice director.

☐ Yes ☐ No

## The needs of this school:

In what areas would you like to see improvement?

- |  |
|--|
| <input type="checkbox"/> Nutrition Education               |
| <input type="checkbox"/> Physical Activity Opportunities   |
| <input type="checkbox"/> Healthier Food Choices            |
| <input type="checkbox"/> Nutrition-related school policies |
| <input type="checkbox"/> Nutrition Environment             |

What is the single overriding need or problem area for your school and community to confront in order to raise the nutritional health status of students in your community?

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Any Additional Comments?

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**Thank you for participating!**

